

2009 REGISTRATION

TO REGISTER

- **Online:** ncof.com
- **Fax:** 708-344-4444 (include credit card info)
- **Mail:** NCOF 2009, P.O. Box 624, Brookfield, IL 60513
If paying by check, please send check payment and registration form to: NCOF Registration, PO Box 27152, NY, NY 10087-7152

NCOF

National Conference on Operations & Fulfillment

Pre-Conference: March 23, 2009

Conference: March 24-26, 2009

Rio All-Suite Hotel, Las Vegas, NV

FOR INQUIRIES ONLY

- **Customer Service:** 866-878-0741 or ncof09@compusystems.com

STEP 1 Priority Code

Your **Priority Code** is: **W | W | W**

STEP 2 General Information

Please print as you would like your name to appear on badge. Copy for additional registrants. No one under 18 admitted.

First Name _____ Last Name _____
 Job Title _____ Company _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ Country Code _____ City Code _____
 Phone _____ Fax* _____
 E-mail* _____

*By providing your fax # and/or email, you agree to receive registration confirmation, updates, exhibitor follow-up and other information from NCOF.

STEP 3 About You

1. Check box if this is your **First Time** attending NCOF

2. Please indicate your primary business activity. (please select one only)

____ Cataloger ____ Online Retailer ____ Retailer ____ Manufacturer Selling Direct ____ Other _____ (specify)

7. Check this box if you'd like to be contacted about our **Event Mentor Program**

(The Event Mentor Program will assign you to a more seasoned NCOF attendee for event advice.)

STEP 4 Registration Options

	If Paid By 2-20-09	If Paid After 2-20-09
<input type="checkbox"/> Conference and Pre-Conference Workshop Day (3/23 - 3/26)	\$1,470	\$1,520
<input type="checkbox"/> Conference Only (3/24 - 3/26)	\$1,125	\$1,175
<input type="checkbox"/> Pre-Conference Workshop Day Only (3/23)	\$495	\$545
<input type="checkbox"/> Executive Summit* (with Conference Registration) (3/23 - 3/26)	\$1,275	\$1,325
<input type="checkbox"/> Executive Summit Only (3/23)	\$495	\$545

*For practitioners only. See ncof.com for criteria.

STEP 5 Pre-Conference Workshop Selection (Monday, 3/23)

Select One Full-Day or Two Half-Day Workshop(s):

- Full-Day** (9 AM - 4:30 PM): **The Essentials of Operations & Fulfillment**
- Full-Day** (9 AM - 4:30 PM): **Becoming a Parcel Expert - Contracts to Carrier Management**

AM Workshops (9 AM - 12:15 PM) select one only

- Half-Day:** Meeting the Challenges of Smaller Operations
- Half-Day:** Incentive Plans – Pushing the Needle from Average To Outstanding
- Half-Day:** Insider's Guide to World Class Contact Centers

Conference Program & Speakers subject to change.

PM Workshops (1:30 PM - 4:30 PM) select one only

- Half-Day:** Better Managers = Better Business – Creating a Great Place to Work
- Half-Day:** Successful Inventory Management: Finding Profits in your Business
- Half-Day:** An Inside Peek at Zappos.com – An Onsite Tour

STEP 6 Method of Payment

Registrations will not be processed without full payment. Registrations with declined or invalid credit cards will not be processed.

Total \$ _____


Check or money order enclosed. Payable to: NCOF (in U.S. Dollars drawn on a U.S. bank.) Check # _____
 If paying by check, please send check payment and registration form to: NCOF Registration, PO Box 27152, NY, NY 10087-7152

Credit Card: MC VISA AMEX Discover Card No. _____ Exp. _____

Cardholder Name _____ Signature _____

CANCELLATION / REFUNDS / SUBSTITUTIONS Cancellation Deadline is 2/27/09. Cancellations must be received in writing by NCOF Registration by 2/27/09. A \$100 cancellation administrative fee applies. Email to ncof09@compusystems.com; fax to: 708-344-4444. Conference substitutions are permitted and welcome in lieu of cancellations. After 3/7/09 any changes or substitutions will be processed on-site at NCOF.

If you need accommodations that meet the regulations of the Americans with Disabilities Act, please indicate requirements.

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